

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Campaign Committee			FEC IDENTIFICATION NUMBER ▼ C C00495010		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee CompleteCampaigns.com a division of Aristotle			Date 10 / 10 / 2013		
Mailing Address 205 Pennsylvania Avenue SE			Amount 1500		
City Washington		State DC	Zip Code 20003-1164		
Purpose of Expenditure Voter Data for 10/11 to 10/16		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Lonegan			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 39333.17			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee CulCha Digital Media, LLC			Date 10 / 10 / 2013		
Mailing Address PO Box 2770			Amount 1750		
City Granite Bay		State CA	Zip Code 95746		
Purpose of Expenditure Web banner 10/10 -10/16		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Lonegan			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 39333.17			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			3250.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Kelly Lawler		[Electronically Filed]		Date 10 / 10 / 2013	

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: F24N

Transaction ID :

To report Expenditures for Special Election being held 10/16/2013 in NJ

Form/Schedule:

Transaction ID:

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Campaign Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00495010 </div>
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Facebook		Date MM / DD / YYYY 10 / 10 / 2013
Mailing Address 156 University Avenue		Amount 2723.56
City Palo Alto	State CA	
Zip Code 94301-1688		Transaction ID : 88049 Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶
Purpose of Expenditure 10/10 to 10/16 Online Advertising	Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Lonegan		
Calendar Year-To-Date Per Election for Office Sought 39333.17		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure:		
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2723.56
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	5973.56

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kelly Lawler

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 10 / 2013